Plan	Check #	
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City of Fairfield - Building Division

Submittal Date:

PLAN CHECK SUBMITTAL FORM

Project Loc						Number:	Dama	ati a	_ Acreage:
Project Nan Project Des						Meter Size:	Dome		_ Irrigation
Froject Des Total Valua	•		or Cost no	er S.F		of Construction:		amp	s upancy Group:
	reakdowns:	Flectrical	or Cost pe	Plumb			-hanical		
Commercial P		Liectrical		1 101110	<u> </u>	IVIC	Jilailioai _.		
Has projec	t been revie	wed and app	proved by P	lanning?	Υ /	N (See below)			
Yes - Do yo	ou have a cov	er letter as r	equired by th	e project's Co	onditions of	Approval describ	ing how	& when the	plans address
each of the	Conditions o	f Approval?	Y / N (If n	o, inform peri	mit technica	n, an additional f	orm mus	t be signed	l.)
No - Project	t cannot be re	eviewed by th	ne Building D	ivision, Planr	ning approva	ıl must first be gr	anted.		
This project	t includes:	Food Prena	ration Equipr	ment / Haza	ardous Mate	rial / Public Sw	vimmina	Pool	# of Plan Pages:
Circle all that		i ood i iepai	iation Equipi	HOIR / HAZ	ardous Male	riai / Lubiic Sw	mining i	301	# UI FIAII Fäges.
				Building In	formation				
Build	ding 1:	Build	ing 2:	Buildi	ng 3:	Building 4	1:	Buil	ding 5:
Sq. Ft.	# of Bdrms	Sq. Ft.	# of Bdrms	Sq. Ft.	# of Bdrms	Sq. Ft. # 0	of Bdrms	Sq. Ft.	# of Bdrms
Contractor	Info	<u> </u>	ontractor's Lic	ence#:	Archi	tect/Engineer In	ofo:		
Contractor			ontractor's Lic			tect/Engineer In			
Company:		Co			Comp	any:			
Company: Address:			<u> </u>		Comp Addre	any: ss:			_
Company: Address: City:		State	Zip		Comp Addre City:	any:ss:		State	Zip
Company: Address: City:		State Fax	Zip		Comp Addre City:	any: ss: hone:		State Fax	Zip
Company: Address: City: Telephone:		State	Zip		Comp Addre City: Telepl	any: ss: hone: ct:		State Fax	Zip
Company: Address: City: Telephone: Contact:		State Fax	Zip		Comp Addre City: Telepl Conta Email:	any: ss: hone: ct:		State Fax	Zip
Company: Address: City: Telephone: Contact: Email:		State Fax	Zip		Comp Addre City: Telepl Conta Email:	any: ss: hone: ct:		State Fax	Zip
Company: Address: City: Telephone: Contact: Email:		State Fax	Zip		Comp Addre City: Telepl Conta Email:	any: ss: hone: ct: ct Contact:		State Fax	Zip
Company: Address: City: Telephone: Contact: Email: Owner Info Name: Address: City:	<u>):</u>	State Fax State	Zip		Comp Addre City: Telepl Conta Email: Projec Name	any: ss: hone: ct: ct Contact:		State Fax	Zip
Company: Address: City: Telephone: Contact: Email: Owner Info Name: Address: City:		State Fax State	Zip		Comp Addre City: Telepl Conta Email: Projec Name	any: ss: hone: ct: ct Contact: hone:		State Fax	Zip